Statement of Contributions Received

Prescribed by Secretary of State 3/05

				nanjuanian,	yangaway,				
Name of Committee in Full Groveport Madison Committee For Bel	Hor Scl	hoole	·						
Full Name of Contributor	itel 3Cl	10015		Da-	ictro	tion No-	nher :	f D A	C
Heidi Day				Keg	ıstra	tion Nur	nder, i	iΡA	
Street Address	Employer	r/Occurs	ation/Labor Organization*	<u> </u>	SS friends bill 183		Karamana ana		Form (Cash, Check, etc.)
8467 Kingsley Dr	Limpioyer	occupe	Duoor Organization						Check
City	Sta	te	Zip Code	M	[D	Y		Amount
Reynoldsburg	loï	H	43068	0			1 .		6.00
Full Name of Contributor Registration Number, if PA									
Patricia Fletcher									
Street Address	Employer	r/Occupa	ntion/Labor Organization*	_8					Form (Cash, Check, etc.)
12176 Woodrow Lane		·							Check
City	Sta	ite	Zip Code	M	[D	Y		Amount
Pickerington	0	Н	43147	0	1	0 6	0	9	6.00
Full Name of Contributor				THE PERSON NAMED IN	Commence of the Commence of th	tion Nu		COMMUNICATION AND ADDRESS OF THE PARTY.	С
Kathy Hinton									
Street Address	Employer	r/Occupa	ntion/Labor Organization*		- Anna de la Companya				Form (Cash, Check, etc.)
8370 Bruce Ct									Check
City	Sta		Zip Code	M	[D	Y		Amount
Canal Winchester	0	Н	43110	0	1	0 6	0	9	6.00
Full Name of Contributor				Reg	istra	tion Nu	nber, i	fPA	С
Aimee Holloway		***			rten en <u>res</u> e	2*************************************	enancopycos	national (despress)	
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)
448 Crestmoore Dr				,					Check
City	Sta		Zip Code	M		D	Y	. 1	Amount
Groveport		Н	43125	0	No. of Concession,	0 6	AND FAR DATE OF THE	ON OWNERS OF	30.00
Full Name of Contributor Registration Number, if PA								.C	
Janis Imwalle	T :				dattviičaskoutos	vi pilanturi (1920) (1940) (1940)	583995-V31956.0	DESCRIPTION SET	
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)
690 Waybaugh Dr	 		la: 0.1		,	1 5	1		Check
Callagran	Sta	ite H	Zip Code	M		D	Y		Amount
Gahanna Full Name of Contributor	0	1.1	43230	700000000000000000000000000000000000000	1			9	6.00
				Keg	ıstra	tion Nu	noer, 1	ii PA	i.C
H Scott McKenzie Street Address	Tennt	r/Oss	ation/Labor Organization*	Ī	mysen disk				Form (Cash, Check, etc.)
	Employer/Occupation/Labor Organization*								
1814 Millwood Dr _{City}	Sta	ıte	Zip Code	I M	ſ	D	Y	_	Check Amount
	O	Н	43221			$0 \mid 6$			
Upper Arlington Full Name of Contributor			Telescope J.			tion Nu			
Susan Moore				-\-	,			!	
Street Address	Employer	r/Occupa	ation/Labor Organization*	<u>.</u>		***************************************	unianananssa		Form (Cash, Check, etc.)
5075 Cherry Blossom Dr	1,								Check
City	Sta	ite	Zip Code	M	ī	D	Y	,	Amount
Groveport	0	Н	43125	1		0 6	10	9	6.00
Full Name of Contributor Registration Number, if PA								Announcement of the contract o	
				,					
Street Address	Employer/Occupation/Labor Organization*								Form (Cash, Check, etc.)
City	Sta	ite	Zip Code	N	1	D	Y		Amount
				\perp				100	
	managari m	-maridian of the in-			************		and a transfer	oles established	

Page Total \$ 90.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]